

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>clmnl</i>		<i>07-31-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>✓-3</i>	<i>09/01</i>
<b>FORMALITY REVIEW</b>	<i>BZ</i>	<i>897</i>	<i>09-04-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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